A delirium of joy at this discovery every day betrays itself in the amphitheatre of the *Hôpital St. Louis*. When it was subsided, a solution of these questions may be effected by careful and continued research. The only rational attempt as yet made towards this solution, is that of Albin Gras, a student at the hospital. This gentleman submitted his arm to a troop of these parasitical insects, and obtained a development of some characteristic vesicles. A subsequent intolerable itching, combined with the external characters, left little doubt as to the power of these insects to communicate the disease. But still the question is not decided, because the matter adhering to the insects may have been the cause of the vesicles, instead of the irritation simply produced by its presence. It has indeed been proposed by one of the professors, (seriously?) to submit the insect to the action of a warm-bath before inserting it under the epidermis, and to pay particular attention to washing, brushing, and drying its feet! The experiments are still in progress.—*Lancet, October 4th*, 1834.

PRACTICE OF MEDICINE.

22. *On the Treatment of Dysentery.* By William Stokes, M. D. [Extracted from the Lectures on the Theory and Practice of Medicine delivered in the Medical School, Park street, Dublin.]—The ordinary sporadic dysentery of this country, is, generally speaking, an inflammation of the large intestine. The old doctrine on this subject was, that dysentery was the result of an irritation caused by the presence of scybalæ in the colon, and the indication was to attempt their removal by purgatives. You will find this opinion put forward in many of the older authors, and that the plan of treatment which they recommend is in perfect accordance with their notions of the disease. It is a very curious fact, however, that in this country these hard fæcal masses, or scybalæ, are very seldom met with in cases of dysentery. During the epidemic of dysentery, which occurred in Ireland in 1818, a series of clinical investigations was made on an extensive scale by Dr. Cheyne, who at that period had charge of the Hardwicke Hospital; and he states, that, on a strict examination of the discharges in a vast number of cases, no scybalæ could be discovered; and in the sporadic cases, which we receive from time to time in the Meath Hospital, I have never found that the patients passed them. It is a great error to think that dysentery depends on the presence of scybalæ, the notion is now shown to be founded on a false pathology, and the treatment which it inculcates decidedly bad. You will be convinced of the latter when you recollect that the disease is inflammation of the great intestine, that its effect is to throw the muscular fibres of the gut into violent and painful contractions, and that the existing mischief must be therefore greatly increased by the exhibition of strong purgatives. For a knowledge of the true and scientific treatment of this disease, we are indebted to the light which modern pathology has shed upon practical medicine.

We now employ purgatives with extreme caution, we use general or local bleeding, according to the urgency of the case; and we treat the disease as an inflammatory affection of the lower intestine demanding active depletion. All writers are unanimous in recommending the employment of the lancet, in cases of acute inflammation; and acute dysentery is one of those cases, in which general bleeding seems to have the best effect. Dr. Cheyne states, that in this disease the most decided relief resulted from the use of the lancet. He says that in several cases in which there were excessive pain and tormina, and in which nothing was passed for several days but mucus and blood, as soon as venesection had been performed, the patients became comparatively easy, *and passed large quantities of feculent matter.* He also found that the blood drawn was buffed and cupped; and states that his experience led him to conclude, that this disease was best treated by the lancet. Dr. Mackintosh, who has had great experience in dysentery, says, that laxatives will act with the best effects, when

blood-letting has been premised. In fact the utility of general bleeding in dysentery is establisbed beyond any possibility of doubt; and those wbo objeet to the use of the lancet objeet to it on theoretical, and not on praetical grounds. As a proof of tbis, you will see a great many cases, in which decided relief is obtained by a natural hæmorrbage from the bowels; and this I think ought to be sufficient to overcome the doubts of those who are sceptical as to tbe value of general bleeding in aeute dysentery.

Next to bleeding, the best thing you can have recourse to is the free application of leeches, a praetice not sufficiently appreciated or followed in this country. I would advise you to apply leeches freely, along the course of the colon; and if the tenesmus be constant and distressing, round the anus also. The ease, in wbich the application of leeches round the anus is attended with the greatest relief, is that in which the tormina and tenesmus are excessive, and in whieb a quantity of blood is found blended with each discharge. After you have applied tbe leeches, I would strongly recommend you to direct your patient to sit in a bip bath for some time, and you will find that he will experienee great relief, because the bath will act as a fomentation, and promote the flow of blood from the leech-bites. I have often seen the application of a dozen leeebes round the anus, followed by the hip bath, attended with tbe most rapid and signal advantage in dysentery.

Many persons are in the habit of giving small doses of some mild saline laxative in this affeetion; of this praetiee I eannot speak mueh from experience, and I think more benefit will he derived from the free use of demuleents, gum-water, wbey, barley-water, and linseed tea. But the internal remedies, on whieh we ebiefly rely in the treatment of dysentery, are mereury and opium. Blue pill and Dover's powder are an exeellent combination, so are calomel and opium, and you may give either of these remedies alternately with a mild laxative, wbenever you are led to suspect an accumulation of fæeal matter in the bowels. In very bad cases, it will be necessary to continue the mereury until the mouth is affected; but in the sporadic dysentery of this eountry you will very seldom be under the neeessity of bringing on actual salivation.

There is one point in the treatment of dysentery which it is necessary you should be acquainted with. Sometimes the symptoms steal on gradually, and the patient appears to be in a eondition not at all dangerous, when, all at once, the disease explodes with violenee, and exhibits an extraordinary intensity; the fever is ardent, the tormina excruciating, the tenesmus eonstant and harassing, the dejections frequent and blended with lymph and blood. Sueh an array of threatening symptoms must be met with a corresponding activity. In such a case as this I would bleed, leech, use the hip bath, and give free doses of ealomel and opium; and if you were to ask me, to which of the internal remedies used I should attribute the most decided alleviating influenee, I should say to the opium. Dr. Cheyne says, "after the lancet, the best remedy I know of is opium." He says further: if another epidemic, similar to that wbich he witnessed, occurred, he would have no hesitation in giving opium, in four grain doses, in such cases.

Tbere was a very curious circumstanee connnected with the history of the epidemic dysentery of 1818–19. At one time the deaths happened to be extremely numerous, and every thing which the experienee or ingenuity of Dr. Cheyne could suggest failed in arresting the disease, in many eases. An English physician, who happened to be in Dublin at that period, and was in the habit of visiting the hospital, proposed the administration of large doses of eream of tartar, stating that he had tried it on several occasions under similar eireumstances, and was convineed of its value. As the cases were not succeeding whieh had been treated after any of the ordinary modes, Dr. Cheyne consented to the exhibition of tbe eream of tartar, and allowed the physician to preseribe and administer it himself. Accordingly he proeeeded to give it in doses of half an ounee every fourth hour. Its first effect, generally, was to produee violent distress and to aggravate all the symptoms, but, after three or four doses, bi-

lious and feculent stools came away, and the patient experienced the most extraordinary relief. Many cases, which had been considered desperate, improved and recovered, and Dr. Cheyne expresses his conviction, that many persons were saved by this practice, who would have been lost under the ordinary modes of treatment. One of the older German authors has also alluded to this singular efficacy of cream of tartar in the treatment of dysentery; and from the result of Dr. Cheyne's experiments, there can be no doubt that it is entitled to a high rank among the remedies usually employed. In case you should prescribe castor oil as a laxative, it will be necessary to combine it with mucilage of gum arabic and a few drops of laudanum; given alone, it will be likely to prove too irritating, particularly during the acute stage. In the advanced stage much benefit will be derived from a combination of castor oil with tincture of opium and a small quantity of oil of turpentine. This is not at variance with the pathology of the disease, for there is a period in this as well as in every other form of inflammation, when stimulants may be used with benefit.

Such is the treatment of the ordinary forms of acute dysentery; but it may happen that you will be called to a case in which you cannot employ these decided measures; and here I shall mention, that in all local inflammations it is of the utmost importance that you should act with judgment and decision in the commencement. Every hour is precious; a single day is worth much; and if two or three days are allowed to pass, and the treatment is inactive and indecisive, the patient too often sinks into the chronic stage or dies. Whenever you happen to be called to treat a case of acute local inflammation, attempt to cut it short as soon as possible; it is much easier to cure an inflammatory attack in its commencement, than to save the patient from the effects of it in the advanced stage. Now, if you should be called to a case of dysentery of some standing, and on your arrival find the patient lying on his back, his skin of a pale dirty hue, his eyes sunk and without lustre, his extremities cool, and bedewed with a clammy sweat; his pulse small, rapid, and feeble; his thirst ardent; his pains and tormina incessant; and consequently passing from his bowels a quantity of fluid matter, blended with depraved mucus, lymph, and blood, with great irritation about the anus, and if these symptoms have lasted for some days you may be sure there is extensive ulceration of the lining membrane of the large intestine. How are you to act under such circumstances? The patient will not bear bleeding, or perhaps the application of a small number of leeches. Here your sole object must be to support your patient's strength; you must give wine, (if the skin be cool,) strong chicken broth, beef tea, jellies, &c. you must wrap your patient in flannel, and have recourse immediately to anodyne and astringent injections, and you should blister the abdomen, taking care to remove the blister at a proper time, and not leave it on so long as may add to the existing irritation. You may also prescribe the acetate of lead, or the sulphate of zinc with tincture of opium. I have seen several cases of this kind in the Meath Hospital, in which the administration of the sulphate of zinc was attended with good effects. The best mode of using it is to dissolve ten or twelve grains of the sulphate of zinc in six or eight ounces of cinnamon water, with a proportion of laudanum, and direct this quantity to be taken during the twenty-four hours. Dr. Elliotson recommends the sulphate of copper, and you can employ it in combination with opium. In this way, by supporting your patient's strength, keeping him warm, paying attention to the state of his bowels, using counter-irritation, and prescribing astringents combined with opiates, (taking care not to check the discharge too suddenly,) you will often succeed, even in very bad cases. Before I quit this subject I may observe, that Dr. O'Beirne has succeeded in some cases, and in others has given great relief by the use of tobacco injections. You can understand this when you reflect, that tobacco acts powerfully on the general system, and produces effects somewhat analogous to bleeding. Like general bleeding it brings on faintness, vomiting, cold skin, perspirations, and feeble pulse. It is also a powerful antispasmodic, and Dr. O'Beirne states, that its employment has been attended with the best

effects in several very bad cases. I have not tried this remedy myself, but I think it well worthy of a trial in the acute stage of dysentery, when there is room for an antiphlogistic treatment. In the advanced stage, of course, it is inadmissible.—*Lond. Med. and Surg. Journ. March 8th*, 1834.

23. *On Mercurial Action.* By WILLIAM STOKES, M. D.—It is a common idea with respect to the administration of mercury in cases of local inflammation, that if you produce salivation, you do a great deal towards accomplishing a cure, and this is true in most cases. Many persons are of opinion, that it is the ptyalism which carries off the disease, and hence it is that we so often see the principal share of a practitioner's attention directed to produce salivation *at all hazards*. This is the history of the medical treatment ordinarily pursued in warm climates, where such vast quantities of calomel are given. Here the idea seems to be, that the disease is to be subdued by salivation alone, and accordingly the practitioner "throws in" mercury, an expression evidently arising from the enormous quantities given. There are many cases on record, in which eight hundred and even one thousand grains have been given for the cure of a single local inflammation. But it is remarkable, that, in several cases in which vast doses have been given, no ptyalism has been produced, and thus it frequently happens, that the practitioner goes on increasing the quantity, lest he should have failed in consequence of not having given enough. All this practice is wrong, and founded on false notions: and I think that when you come to practice yourselves, you will be inclined to adopt the opinion, that, in cases in which mercury has been employed in the treatment of local inflammation, salivation is to be looked upon more as the result of the relief of inflammation to a certain degree than as its primary cause. For instance, suppose you are called to treat a case of acute enteritis or hepatitis; you give ten grains of calomel two or three times a day, and find that day after day passes without any appearance of salivation. Another practitioner is called in, who bleeds the patient, and this is almost immediately followed by the appearance of salivation and relief. My friend, Staff-Surgeon Marshall, who is intimately conversant with the diseases of India, has informed me, that *he has never known a case in which abscess actually formed in the substance of the liver*, in which salivation could be produced; and that when the patient became salivated, he believed it to be a proof that there was no inflammation of an intense character, or that no abscess had formed. The greater the intensity of the disease, the less was the chance of salivation occurring, so that the salivation in certain cases appears to be the result of the same influence which produces a relief of inflammation, and not the cause of that relief. When, therefore, you have given mercury in free and repeated doses for twenty-four or forty-eight hours, and find no sign of salivation appearing, you should be cautious how you proceed, because in such cases the inflammation may be of that intense character, which will not permit the mouth to be affected. Under such circumstances, the use of mercury, if rashly persevered in, will only aggravate the disease. In many cases of intense pneumonia, you will find that the patient will not be salivated until an advanced period, when, in consequence of the subsidence of intense irritation, the mercury is, as it were, allowed to produce its effect on the salivary glands. You may also frequently observe instances of intervals between the salivation, in which, during the course of an inflammation, the patient's mouth becomes affected by mercury; but if he gets fresh symptoms of the original affection, the salivation disappears, and returns only when the new attack has been overcome by appropriate treatment. I think that, under these circumstances, we are authorized in considering salivation as the effect of a certain degree of reduction of inflammation, and not as its cause. You will see the importance of these observations, when you reflect, in how many cases of local inflammation practitioners are in the habit of trusting to calomel alone; not being aware of the fact, that inflammation of an intense character has a powerful tendency to prevent it from acting on the salivary glands. Be assured of this, that if, in any acute visceral inflammation, after you have